

	Year One				Year Two				Year Three			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
P.O.1: All children in Indiana will have a medical home.												
<i>1.1 Child Care Voucher Applications will include a request for the medical home information for each child who receives subsidized care.</i>												
1.1.1 The Bureau of Child Development (BCD) and Maternal and Children's Special Health Care Services (MCSCHS) will meet to establish a protocol related to the identification of a medical home for each enrolled child utilizing the Child Care voucher application	x											
1.1.2 The child care voucher application will be modified to include the identification of the enrolled child's medical home		x										
1.1.3 Training will be provided to child care voucher agents regarding a Medical Home			x	x			x				x	
1.1.4 Medical Home data will be monitored through the child care voucher enrollment and recertification success					x	x	x	x	x	x	x	x
1.1.5 Child Care Health Consultants will provide ongoing technical assistance to the voucher agents regarding the Medical Home				x	x	x	x	x	x	x	x	x
<i>1.2 Children who are in the foster care system will have a medical passport</i>												
1.2.1 MCSHCS and the Department of Child Services will meet to review and revise the Medical Passport document	x											
1.2.2 The medical passport will include a section on dental care and available resources	x											
1.2.3 Training will be provided to case managers, child care health consultants and First Steps service coordinators regarding the use of the medical passport			x	x		x		x		x		

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1.2.4 Training will be provided to foster parents regarding the use of the medical passport				x		x		x		x		x
1.2.5 Data regarding the use of the Medical Passport will be gathered				x	x	x	x	x	x	x	x	x
1.2.6 Results of analysis of utilization of Medical Passport will be used to inform revisions in the Passport and/or the training provided					x				x			
<i>1.3 Children screened for mental health and/or seeking immunizations will be asked if they have a medical home</i>												
1.3.1 MCSHCS, The Division of Mental Health and Addictions and the Department of Child Services will meet to develop a coordinated protocol for seeking information on the medical home		x										
1.3.2 Forms will be modified to support the information request			x									
1.3.3 Training will be provided to providers conducting screening and immunizations regarding a Medical Home			x	x		x		x		x		x
1.3.4 Data regarding the number of children with a medical home will be gathered				x	x	x	x	x	x	x	x	x
<i>1.4 The development of a universal application will include information on a medical home</i>												
1.4.1 Revisions to the Utah State University software for the universal application will include a question about the medical home and a source of routine dental care			x									
1.4.2 Data will be gathered and analyzed to identify children without a medical home or a source of dental care				x	x	x	x	x	x	x	x	x
1.4.3 The Core Partners will identify a process for follow-up and linkage.			x	x								

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
P.O.2: All children will be covered by a source of payment, whether public or private, for medical and developmental services that are identified by the medical home.												
<i>2.1 The Child Care Voucher Application process will support access to Hoosier Healthwise (Medicaid/SCHIP).</i>												
2.1.1 The Office of Medicaid Policy and Planning (OMPP), BCD and MCSHCS will meet to establish a protocol related to Hoosier Healthwise enrollment and recertification utilizing the Child Care voucher application	x											
2.1.2 The child care application will be modified to standardize the information request related to Hoosier Healthwise enrollment		x										
2.1.3 Training will be provided to child care voucher agents regarding Hoosier Healthwise enrollment			x	x			x				x	
2.1.4 Enrollment data will be monitored to track enrollment and recertification success					x	x	x	x	x	x	x	x
2.1.5 Child Care Health Consultants will provide ongoing technical assistance to the voucher agents regarding Hoosier Healthwise enrollment.				x	x	x	x	x	x	x	x	x
<i>2.2 The combined enrollment process utilized by Early Intervention and CSHCN will be strengthened to include questions related to Hoosier Healthwise recertification.</i>												
2.2.1 The OMPP, BCD and MCSHCS will meet to establish a protocol related to Hoosier Healthwise enrollment and recertification utilizing the Combined Enrollment application	x											
2.2.2 Training provided by the Indiana Parent Information Network (IPIN) regarding the importance of financial case management for families will be provided to First Steps System Points of Entry, service coordinators and CHSCS care coordinators.			x	x	x			x		x		x

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2.2.3 Training regarding the importance of financial case management will be provided to families enrolled in First Steps and/or CSHCS:					x	x	x	x	x	x	x	x
2.2.4 Data will be gathered to identify the percentage of children with special needs without a source of payment for medical care				x	x	x	x	x	x	x	x	x
<i>2.3 CHSCS will develop a web application for enrollment</i>												
2.3.1 MCSHCS and BCD will meet with Indiana State Department of Health Information Technology staff to establish a protocol related to the development of a web-based application for the combined enrollment form		x										
2.3.2 The current application will be reviewed and any necessary revisions will be made			x									
2.3.3 The web application process will be piloted in select cities					x	x						
2.3.4 Modifications will be made to the application and procedures as needed							x					
2.3.5 Web based application to CSHCS will be implemented statewide								x	x	x	x	x
2.3.6 Information will be gathered on utilization rates of web based applications to CSHCS								x	x	x	x	x
2.3.7 Modifications will be made to the application process and procedures as needed to improve access to CSHCS											x	
<i>2.4 Indiana will adopt a universal application process for enrollment in early childhood supports and services</i>												

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2.4.1 The Core Partners will meet with representatives from Utah State University to review the Universal application for children services that has been developed, piloted and implemented in Utah			x									
2.4.2 The Universal Application will be modified to reflect Indiana eligibility requirements for selected programs				x								
2.4.3 The application will be piloted on the Early Childhood Meeting Space web site.					x	x	x					
2.4.4 Data will be gathered to identify the percentage of families that utilize the universal application					x	x	x	x	x	x	x	x
2.4.5 Results of utilization rates analysis will be used to form recommendations for modifications in the application and/or additional training efforts									x	x		
P.O.3: The medical home will facilitate developmental, behavioral and mental health screening with appropriate treatment and referrals to community resources.												
<i>3.1 Young children will be screened for social emotional development status</i>												
3.1.1 MCSCHS, the Division of Mental Health and Addictions, BCD, Department of Child Services, Indiana Perinatal Network and the Infant and Toddler Mental Health Association will meet to establish protocols for a pilot screening process based on work currently implemented for children in foster care		x										
3.1.2 The target pilot population will be identified and the protocols developed for the screening process coordination efforts		x										
3.1.3 Training will be provided to support the screeners in the pilots			x	x								

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
3.1.4 Data regarding the screening results will be analyzed for potential expansion statewide.					x	x	x	x				
3.2 <i>An outreach program to providers will be implemented statewide regarding the information clearinghouse of community resources to enhance appropriate referral/treatment</i>												
3.2 See 4.1												
3.3 <i>Personnel preparation efforts will be increased to recruit qualified early childhood mental health providers.</i>												
3.3.1 A task force of stakeholders including parents will be convened to identify current personnel preparation efforts.	x	x	x									
3.3.2 The task force will develop a coordinated plan to address pre and post service training needs for qualified early childhood mental health providers.			x	x	x	x	x					
3.3.3 The Core Partners will identify resources and mechanisms to implement the coordinated personnel preparation training plan.						x	x	x	x			
3.3.4 The plan will be monitored and modified as necessary to ensure personnel preparation activities are coordinated and available.							x	x	x	x	x	x
P.O.4: An information clearinghouse will be established that includes information about resources and supports at the state and local level for families of young children and providers of early childhood services.												
4.1 <i>The Early Childhood Meeting Place will be expanded to include families.</i>												
4.1.1 With the support of The Early Childhood Center at the Institute for Disability and Community, a task force of parents will be identified to develop the design for the expansion of the web site	x	x										

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4.1.2 Based on the recommendations of the task force, the Early Childhood Meeting Place will be expanded to include resources and supports for families of young children		x	x		x	x			x	x		
4.1.3 The Early Childhood Meeting Place will be marketed to families and providers as a central source of information about child development and community resources.					x	x	x	x	x	x	x	x
4.1.4 Technical Assistance will be provided to users of the Early Childhood Meeting Place to ensure optimum access to available resources and supports			x	x	x	x	x	x	x	x	x	x
4.1.5 Data will be gathered to identify numbers and types of users				x	x	x	x	x	x	x	x	x
4.2 A Universal Application will be developed as a resource on the Early Childhood Meeting Place to allow providers and families access to information regarding the public support systems they may be eligible for.												
4.2.1 See 2.4 Universal Application												
P.O.5: Quality resources and supports are integrated to create a coordinated, accessible early childhood system.												
5.1 The Core Partners will continue to guide ECCS activities.												
5.1.1 New representatives from state agencies, including the newly formed office of faith based initiatives, will be identified and invited to sit on the Core Partners Steering Committee	x											
5.1.2 MCH staff will provide an orientation to all new members		x										
5.1.3 Core Partners will continue to meet on a quarterly basis to coordinate efforts across existing initiatives	x	x	x	x	x	x	x	x	x	x	x	x
5.2 Core Partners will promote leadership within their respective agencies and organizations												

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5.2.1 Core Partners will develop a process to provide leadership within their agencies/organizations	x											
5.2.2 Core Partners will educate their organizations on the guiding principles for the ECCS initiative		x		x		x		x		x		x
5.2.3 Core Partners will establish a protocol to support communication across agencies and initiatives	x											
5.3 Universal Application												
See 2.4												
5.4 Coordinate Training and Technical Assistance												
5.4.1 The Core Partners will serve in a coordination capacity to promote the commonality of training content and provide leadership in the development of additional training curricula.	x	x	x	x	x	x	x	x	x	x	x	
5.4.2 Current early childhood providers of training or technical assistance related to social emotional development will be identified and invited to identify common themes in their respective training curricula		x										
5.4.3 Additional training content will be developed and delivered to address any gaps identified			x	x								
5.4.4 Current early childhood providers of training or technical assistance related to service coordination/care coordination will be identified and invited to identify common themes in their respective training curricula					x							
5.4.5 Additional training content will be developed and delivered to address any gaps identified						x	x					
5.4.6 The Early Childhood Meeting Place will collaborate with the Core Partners and others to notify families and providers of training opportunities		x	x	x	x	x	x	x	x	x	x	x
5.4.7 Core Partners will support the reduction in duplication of training efforts		x	x	x	x	x	x	x	x	x	x	x

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5.4.8 Core Partners will continue to gather information about training and education needs throughout the state		x	x	x	x	x	x	x	x	x	x	x
5.4.9 Data regarding training activities will be gathered and analyzed to ensure that training outcomes are being met.		x	x	x	x	x	x	x	x	x	x	x
5.5 <i>National Quality Standards will be implemented in all early care settings</i>												
5.5.1 ICCHCP staff will educate early care setting providers on the standards		x	x	x	x	x	x	x	x	x	x	x
5.5.2 Progress on the use of the standards will be monitored		x	x	x	x	x	x	x	x	x	x	x
5.5.3 Policy development templates will be created and made available to care providers		x	x	x	x	x	x	x	x	x	x	x
P.O.6: Parents have the necessary information, support and knowledge about child development and are able to recognize their child's progress.												
6.1 <i>Selected resources about child development will be used with and by parents to educate families about child development.</i>												
6.1.1 An ad hoc committee of family members and child development professionals will be formed	x											
6.1.2 The committee will review existing developmental resources to determine those most appropriate as educational tools for families		x										
6.1.3 The developmental resources selected by the committee will be posted to the Early Childhood Meeting Place		x	x		x		x		x		x	
6.1.4 Training will be provided to providers, child care health consultants and parent liaisons regarding the use of the developmental tools with families						x	x		x	x		
6.1.5 Program modifications will be made as needed based on the information gathered					x	x	x	x	x	x	x	x

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<i>6.2 Create electronic version of a developmental calendar for children birth to five.</i>												
6.2.1 Gather samples of developmental calendars that are currently being used by other states.		x										
6.2.2 Permission will be sought to utilize the developmental calendar that is selected by the committee			x									
6.2.3 Modifications will be made on the selected calendar to include Indiana resources				x	x							
6.2.4 The calendar will be placed on the Early Childhood Meeting Place for use by both families and early childhood providers					x	x	x	x	x	x	x	
6.2.5 Data regarding utilization of the developmental calendar will be gathered and analyzed					x	x	x	x	x	x	x	x
6.2.6 Necessary revisions based on the evaluation data will be made									x	x		
<i>6.3 The Early Childhood Meeting Place will be marketed as a central source of information about child development.</i>												
6.3.1 See 4.1												
<i>6.4 Families have a meaningful role in the development of policies and programs at the state and local level</i>												
6.4.1 Parents will receive support to serve on boards, committees and task forces related to early childhood opportunities	x	x	x	x	x	x	x	x	x	x	x	x
6.4.2 Leadership training opportunities will be provided for families	x	x	x	x	x	x	x	x	x	x	x	x
6.4.3 Core partners will implement methods to gather input from parents on policies and programs related to early childhood on a regular basis		x	x	x	x	x	x	x	x	x	x	x

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
P.O.7: Families have timely access to resources and supports to address their child’s health, safety and developmental needs.												
<i>7.1 The Early Childhood Meeting Place will maintain current information about resources related to children’s health safety and development.</i>												
7.1.1 See 4.1												
<i>7.2 Child Care Health Consultants will educate child care providers regarding health, safety and developmental issues.</i>												
7.2.1 See 4.1-Early Childhood Meeting Place expansion, 5.3-Training and Technical Assistance, 6.1 Selected child development resources, 6.3-Electronic developmental calendar												
<i>7.3 Training and technical assistance will be readily available and affordable to families throughout the state.</i>												
See 5.3 Training and Technical Assistance System												
<i>7.4 Training and technical assistance will be provided to those serving young children and their families.</i>												
See 5.3 Training and Technical Assistance System												
<i>7.5 The application process for resources and supports will be (easy to use) efficient so families are able to access the resources and supports they need in a timely manner.</i>												
7.5.1 See 2.4 Universal Application												